

REGION III AGING SERVICES

Donna Olson, Regional Aging Services Program Administrator

Serving: Benson, Cavalier, Eddy, Ramsey, Rolette, & Towner Counties

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Summer 2005

AGING SERVICES NEWSLETTER

Please share this newsletter with a friend, coworker, at your Senior Center, post on a bulletin board, etc... If you wish not to be on the mailing list for the newsletter, please contact **Donna Olson** at **665-2200**. You are welcome to submit any news you may have regarding services and activities that are of interest to seniors in this region. **Lake Region Human Service Center** makes available all services and assistance without regard to race, color, national origin, religion, age, sex, or handicap, and is subject to Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1975 as amended. **Lake Region Human Service Center** is an equal opportunity employer.



MISSION STATEMENT:

In a leadership role, Aging Services will actively advocate for individual life choices and develop quality services in response to the needs of vulnerable adults, persons with physical disabilities, and an aging society in North Dakota.



***Mark your calendars and plan to attend
the Northern Plains Conference on
Aging & Disability!***



**SHAPING THE FUTURE
TOGETHER**

**September 14-15, 2005
Holiday Inn Fargo, ND**

*Feature Your Agency with a Booth or as a
Sponsor of the Conference.*

*Contact Lesli Ossenfort about a booth at
701-298-4480 or 888-342-4900*

or

*Bonnie Peters 701-237-4700 for more
information on sponsoring this conference.*

Plan to Attend!

Conference Kick Off:

**Tuesday Evening
September 13, 2005
at Bethany Homes
in Fargo**

Hello everyone, it is with great excitement that the Steering Committee announces the dates for the much anticipated 2005 Northern Plains Conference on Aging and Disability.

The event will open with a Kick Off on Tuesday evening at Bethany Homes on September 13, 2005. The conference will be held at the Holiday Inn in Fargo on September 14-15, 2005. If your agency would like to have a Booth please contact Lesli Ossenfort at 701-298-4480 or 1-888-342-4900. If your agency would like to be a sponsor, please contact Bonnie Peters at 701-237-4700. The Northern Plains Conference on Aging and Disability offers an excellent opportunity for agencies and organizations to let seniors and professionals know about their products and services.

Mark Your Calendars! We look forward to seeing you there!!

The speakers are confirmed. Plans are finalized. The brochures will come out the first part of July. For more information, please call Sandy Arends, RASPA Region V, Southeast Human Service Center 1-888-342-4900 or Donna Olson, RASPA Region III, at 701-665-2200 at Lake Region Human Service Center.

ND Family Caregiver Support Program

CAREGIVER SURVIVOR TIPS

Being a caregiver can be a very rewarding and loving experience. It can also be a challenging and isolating experience. The process of becoming a caregiver can be a gradual transition; such as a someone who is caring for a person with a debilitating disease such as Parkinson's Disease or Alzheimer's Disease. Some can be quickly thrown into the role of caregiver when their relative suffers a stroke or is injured in a fall or car accident.

Regardless of how a person becomes a caregiver, some of the challenges may be the same. Probably the biggest challenge would be a change in lifestyle. Many caregivers find the biggest change is to loose the spontaneity of life. They are not able to make a quick trip to the grocery store or go to lunch with friends on the spur of the moment because they are not able to leave their relative home alone. Some caregivers choose to give up their activities outside the home because it becomes too difficult to make arrangements for help. Others may not know whom to turn to or may lack the financial resources to pay for respite services in the home.

Feelings that can come from being a caregiver are stress, frustration, depression, grief and isolation. Individuals may need to consider counseling services to help cope with the challenges of caregiving. Caregivers tend to ignore their own health needs and there can be times when they are not able to get the rest they need. Caregivers will sacrifice themselves to provide the care to their loved one. Asking or receiving help can be difficult for caregivers. Some caregivers view asking for help as a sign of failure, that they "can't do it all".

In spite of all these experiences, most caregivers feel good about their commitment to keep their relative at home and express little regret about their choice to become a caregiver.

The following are **Caregiver Survival Tips** to help cope with caregiver challenges:

1. **Plan Ahead:** Make a list of available resources in case of need. Such as phone numbers for: local hospital, personal physician, ambulance service, pharmacist, church/pastor, relatives or neighbors you can count on, Poison Control Center, Suicide Prevention/Crisis Intervention Centers, Mental Health Hotline, Police or Fire Department. Practice escape routes from various locations out of your home with your relative in case of an emergency. Get training in CPR.
2. **Learn About Available Resources:** Learn about available services in your community: home care service, home delivered meal programs, senior centers, Public Health or Parish Nursing, Senior Companion Program, transportation services, adult day programs, housekeeping/laundry services, chore services, respite services, emergency call systems, home medical equipment, etc. Information about service in every community can be obtained through the ND Senior Info Line

3. **Take One Day at a Time:** Learn to set realistic goals for yourself. You don't have to be a "Super Woman" or "Super Man". Learn to let go of the less important tasks in life. Recognize and accept your emotions. Don't be afraid to laugh or cry. When possible, break up caregiving tasks into segments. Seek out support groups to share similar experiences with others.
4. **Develop a Contingency Plan:** Make a plan for what to do if something happens to you. Find out if a friend or family is available on short notice. Discuss your plan with people who can help put the plan in action. Consider resources available for emergencies, such as: home health agencies, swing bed units, nursing homes, adult foster care homes, adult day programs. Check out options ahead of time and learn the application process required. Don't wait for a crisis to make your plan.
5. **Accept Help:** Make "HELP LIST" of tasks that would be helpful to you. Let people choose from the list when they offer help. Allow yourself to accept help. Allow yourself to ask for help. Accept that you do not have to "do it all."
6. **Make Your Health a Priority:** See the doctor when needed. Take your medications as prescribed. Get help for your relative's personal care if it is too much for you to handle alone. Get training on proper care techniques or equipment use for lifting or transferring. Put healthy activities into your daily routine.
7. **Get Enough Rest and Eat Properly:** Recharge your own batteries. Consider hiring help if getting enough sleep is a challenge. Use respite care for breaks from being a caregiver: in-home care services, swing bed care, foster care, or day care. Nap when your relative is safe. Eat healthy. Use home delivered meals to make it easy on you.
8. **Take Time for Leisure:** Learn about available respite care. Take brief breaks as able to do something you enjoy: read a book, take a bath, walk around the block, a trip to the beauty shop, quiet time alone, learn to meditate, get a massage.
9. **Be Good to Yourself:** Do activities that make you feel good: listen to your favorite music, read your favorite books, watch a movie, call someone who can make you laugh. Learn to give yourself credit and a pat on the back for the great work you are doing.
10. **Share Your Feelings With Others:** Invite a friend over for coffee. Call a friend. Join a support group. Join a church group. Seek counseling. Get involved with senior center activities. Talk with family.

Maybe you are not a caregiver, but know someone in the community who is. You may ask yourself what can you do to help. The best thing to do is ask the caregiver. Offer to help out in ways that you are comfortable with: car rides, help around the house/yard, meet for coffee, bring in a meal, weekly phone call, simply sit and visit. You may have to offer more than once, but don't give up. Keep in touch. It is very important to be there just to listen.

Article submitted by: **Judy Tschider, Coordinator – ND Family Caregiver Support Program, WCHSC**

**The ND Family Caregiver Support Program is available statewide –
see page 11 of this publication for the Coordinator in your region.**

Good Health Rests On A Good Night's Sleep

There's nothing like a good night's sleep. When you wake up rested, you're ready to take on the day!

Your body needs enough rest to work right. In fact, getting enough sleep is one of the top things you can do for your health, along with eating properly and getting enough exercise. Regardless of age, most adults need about eight hours of restful sleep a night.

Lack of sleep can make it hard to concentrate and reason, weaken your immune system, and increase your risk of falling or having an accident, especially a car accident. And recent research suggests lack of sleep may increase risk for health conditions like diabetes, high blood pressure, and obesity.

Many people can't get the rest their bodies need because they have trouble sleeping. A 2001 National Sleep Foundation poll reported that seven in 10 people said they have frequent sleep problems.

Sleep Snatchers

Life's stresses — poor health, jobs, money, family — can get between you and a good night's sleep at any age. But sleep problems grow more common as we get older. That's because some things are more likely to sabotage our sleep, such as:

- Chronic pain or health conditions like arthritis, heartburn, heart disease, major depression, or dementia
- Certain medicines, such as antidepressants or steroids
- Sleep apnea, which causes sleepers to stop breathing for very short periods, waking them up many times throughout the night
- Restless legs or muscle spasms
- Hot flashes
- Snoring
- Being more sensitive to time changes (traveling between time zones or changing clocks backward or ahead) or changes in surroundings (more light or noise)
- Major life changes like retiring, moving in with a child, or losing a spouse
- Less time spent in deep sleep

Getting Back To Bed

Even though we might become less efficient sleepers as we age, we don't need less sleep. If you're having trouble sleeping, ask yourself these questions:

Do I get enough exercise? Regular physical activity — a minimum of 30 minutes a day at least five days a week — can help you sleep better. It also can relieve restless legs, which can keep you up at night, and prevent obesity. Obese people are more likely to snore and have sleep apnea, which interfere with sleep.

Try taking brisk walks, biking, or swimming. Don't exercise too close to bedtime, though — give yourself two hours in between at the very least.

Do I have a regular routine? Has my routine been disrupted? Going to bed and waking up at all different times can interfere with sleep. Have a set time for going to bed and waking up, and try to stick with it as much as possible, even on weekends and when your schedule gets crazy. If you find it hard to unwind at night, create a relaxing bedtime routine, too. A warm bath or listening to quiet music can help you switch gears and get ready for sleep.

Is my room comfortable for sleeping? Have I made recent changes that could be interfering with my sleep? Maybe you've made changes that affect your sleep without even realizing it — rearranging the bed and furniture, switching the lights or window treatments, or changing the room temperature. If so, you might need to readjust or change back to the way things were. Take inventory and try to minimize indoor lights and noise as much as possible. Draw the blinds if moonlight, street lights, or morning light keep you awake or wake you up. Keep the room at a comfortable temperature. Being too hot or cold can keep you from nodding off or make you wake up.

Do I have a good mattress and pillow? It's hard to sleep well in a lumpy or uncomfortable bed. Invest in a quality mattress and pillow. Some people buy special cushions, pillows, boards, or other sleep aids if they have bad backs or other health conditions.

Do I eat, drink, or smoke too close to bedtime? Avoid caffeine, nicotine, alcohol, and heavy meals later in the evening. Better yet, quit smoking all together!

Do I reserve my bed for sleeping? Resist the urge to climb into the sack with your laptop, cell phone, or the thriller you can't wait to finish. Keep the television and bowl of popcorn out of the bedroom, too.

Am I going through a stressful or emotional time? Grieving for the loss of a loved one, separation or divorce, or other stressful events could make sleeping especially hard. Talking with a trusted friend or family member, or spiritual or mental health counselor, might help you feel better and improve sleep.

If lifestyle changes don't help and your sleep problems persist and interfere with normal daily activities, log your sleep patterns in a diary for a few days and share it with a doctor. A doctor can:

- Adjust your medications if they're causing problems
- Offer medical treatment for certain sleep disorders, like a nasal mask for sleep apnea
- Prescribe sleeping pills for short-term sleep problems

You also should talk to your doctor about any over-the-counter remedies you're thinking of taking to sleep better. If routine treatment isn't working, your doctor might refer you to a sleep disorder expert, who can try to pinpoint the problem by tracking your sleep patterns in a lab.

Don't deprive yourself of the sleep you need. Remember, everything seems a little better after a good night's rest!

Source: AARP Website

Medicare Prescription Drug Coverage Basics

What are Medicare prescription drug plans?

Beginning January 1, 2006, prescription drug coverage will be available to all Americans with Medicare. Every person with Medicare, no matter how they get their health care today or whether they have existing drug coverage will be eligible for drug coverage under a Medicare prescription drug plan. Insurance companies and other private companies will work with Medicare to offer these drug plans. Medicare prescription drug plans will be available in every part of the country, and all plans will cover both brand name and generic drugs.

Medicare prescription drug plans provide insurance coverage for prescription drugs. Like other insurance, if people with Medicare join they will pay a monthly premium (generally around \$37 in 2006) and pay a share of the cost of their prescriptions. Costs will vary depending on the drug plan that is chosen.

Drug plans may vary in what prescription drugs are covered, how much someone has to pay, and which pharmacies can be used. All drug plans will have to provide at least a minimum standard level of coverage, which Medicare will set. However, some plans might offer more coverage and additional drugs for a higher monthly premium. When a person with Medicare joins a drug plan, it is important for them to choose one that meets their prescription drug needs.

A person in a Medicare prescription drug plan that covers the minimum standard would expect to pay a \$250 deductible and then 25 percent of their drug costs up to an out-of-pocket limit of \$2,250. Medicare drug coverage includes coverage which begins when a person with Medicare drug coverage spends \$3,600 for covered drugs in a year. Once this level is reached, the person pays only 5 percent of their drug costs. Again, some plans will offer additional coverage; this is a description of the minimum that must be offered.

When can people with Medicare join the Medicare prescription drug plans?

Those people who have Medicare Part A (Hospital Insurance) and/or Medicare Part B (Medical Insurance) can join a Medicare prescription drug plan between November 15, 2005, and May 15, 2006. If they join by December 31, 2005, their Medicare prescription drug plan coverage will begin on January 1, 2006. If they join after that, their coverage will become effective the first day of the month after the month they join. In general, they can join or change plans once each year between November 15 and December 31.

Everyone should join a plan. Even if someone doesn't use a lot of prescription drugs now, they still should consider joining a plan. If they don't join a plan by May 15, 2006, and don't have a drug plan that covers as much or more than a Medicare prescription drug plan, they will have to pay more if they decide to join later.

Is there additional assistance for those who need it?

People who qualify for extra help paying for Medicare prescription drug costs will get continuous coverage with a small out of pocket cost. The amount they pay out of pocket depends on their income and resources. A beneficiary with limited income and resources who enrolls in a prescription drug coverage plan and qualifies for the most generous help will have more than 95 percent of their drug costs covered.

Certain low-income beneficiaries will automatically qualify for the additional help and then will enroll in a prescription drug plan during the regular enrollment period beginning November 15.

Do Medicare prescription drug plans work with all types of Medicare health plans?

Yes. Medicare prescription drug coverage will be offered by many Medicare Health Plans (Medicare Advantage Plans and Medicare Cost Plans) and by stand alone Medicare Prescription Drug Plans. People in the Original Medicare Plan will need to enroll in a Medicare Prescription Drug Plan (**P-D-P**) to get drug coverage.

What if someone already has prescription drug coverage from a Medigap (Supplemental Insurance) Policy?

Those who have a Medigap policy with drug coverage will get a detailed notice from their insurance company telling them whether or not their prescription drug coverage is generally at least as good as standard Medicare prescription drug coverage. If their Medigap coverage is at least as good as Medicare's coverage, if they decide to keep their current drug coverage, they may be able to buy a Medicare prescription drug plan later without having to pay a higher premium. However, most Medigap prescription drug coverage is not at least as good as Medicare prescription drug coverage.

What if someone has prescription drug coverage from an employer or union?

Those who have prescription drug coverage from an employer or union will get a notice from their employer or union that tells them if their coverage is generally at least as good as standard Medicare prescription drug coverage.

If the employer or union plan covers as much as or more than a Medicare PDP the person with Medicare can...

- keep their current drug plan. If they join a Medicare prescription drug plan later their monthly premium won't be higher (no surcharge), or
- drop their current drug plan and join a Medicare prescription drug plan, but they may not be able to get their employer or union drug plan back.

If the employer or union plan covers less than a Medicare PDP the person with Medicare can...

- keep their current drug plan and join a Medicare prescription drug plan to give them more complete prescription drug coverage, or
- just keep their current drug plan. But, if they join a Medicare prescription drug plan later, they will have to pay 1% at least 1% more for every month they waited to enroll after May 15, 2005, or
- drop their current drug plan and join a Medicare prescription drug plan, but they may not be able to get their employer or union drug plan back.

What effect will the Medicare PDP have on beneficiaries who are food stamp and HUD recipients?

Food stamp and HUD recipients who qualify for extra help paying for a Medicare prescription drug plan will be better off enrolling in a Medicare prescription drug plan, even if this new coverage reduces their food stamp or HUD benefits. They will get significantly more help and protection in drug coverage than they will lose from the reduction in food stamps or HUD.

What effect will the PDP have on beneficiaries who get help with heating/cooling expenses through the Low Income Home Energy Assistance Program (LIHEAP)?

They will not lose their energy assistance. States set eligibility levels for home energy assistance based on your income without regard to your medical expenses.

Please see insert "Medicare Prescription Drug Coverage" on Important Dates for People with Medicare during 2005 and 2006

Source: Department of Health & Human Services

Statistics

A Profile of Older Americans: 2004

Highlights *

- The older population (65+) numbered 35.9 million in 2003, an increase of 3.1 million or 9.5% since 1993.
- The number of Americans aged 45-64 – who will reach 65 over the next two decades – increased by 39% during this decade.
- About one in every eight, or 12.4 percent, of the population is an older American.
- Over 2.0 million persons celebrated their 65th birthday in 2003.
- Persons reaching age 65 have an average life expectancy of an additional 18.2 years (19.5 years for females and 16.6 years for males).
- Older women outnumber older men at 21.0 million older women to 14.9 million older men.
- In 2003, 17.6% of persons 65+ were minorities--8.2% were African-Americans,** 2.8% were Asian or Pacific Islander,** and less than 1% were American Indian or Native Alaskan.** Persons of Hispanic origin (who may be of any race) represented 5.7% of the older population. In addition, 0.5% of persons 65+ identified themselves as being of two or more races.
- Older men were much more likely to be married than older women--71% of men vs. 41% of women (Figure 2). Almost half of all older women in 2003 were widows (43%).
- About 31 percent (10.5 million) of non-institutionalized older persons live alone (7.8 million women, 2.7 million men).
- Half of older women age 75+ live alone.
- About 416,000 grandparents aged 65 or more had the primary responsibility for their grandchildren who lived with them.
- By the year 2030, the older population will more than double to 71.5 million.
- The 85+ population is projected to increase from 4.7 million in 2003 to 9.6 million in 2030.
- Members of minority groups are projected to represent 26.4 percent of the older population in 2030, up from 16.4 percent in 2000.
- The median income of older persons in 2003 was \$20,363 for males and \$11,845 for females. Median money income of all households headed by older people (after adjusting

- for inflation) rose by 0.4% from 2002 to 2003; however, this difference was not statistically significant.
- For one-third of Americans over 65, Social Security benefits constitute 90% of their income.
- About 3.6 million elderly persons (10.2%) were below the poverty level in 2003. This poverty rate was not statistically different from the poverty rate in 2002. Another 2.3 million or 6.7% of the elderly were classified as "near-poor" (income between the poverty level and 125% of this level).
- About 11% (3.7 million) of older Medicare enrollees received personal care from a paid or unpaid source in 1999.

*Principal sources of data for the Profile are the U.S. Bureau of the Census, the National Center on Health Statistics, and the Bureau of Labor Statistics. The Profile incorporates the latest data available but not all items are updated on an annual basis.



Mark Your Calendars!

August 3, 2005

Region III Council on Aging Meeting

Leeds Community Center, Leeds, North Dakota

August 18, 2005

20th Annual Senior Wellness Sensation – Ramkota Inn, Bismarck

Brochures included in this mailing

September 13, 14 & 15, 2005

Northern Plains Conference on Aging and Disabilities

Holiday Inn, Fargo, North Dakota

September 24, 2005

Alzheimer's Association Memory Walk – Bismarck

More information to follow

October 28, 2005

Region III Council on Aging Meeting and North Dakota OAA State Plan on Aging Input Meeting, Maddock Community Center

December 11-14, 2005

****Please note the change in dates.**

White House Conference on Aging

Washington, DC

Telephone Numbers to Know

Regional Aging Services Program Administrators

Region I - Karen Quick

1-800-231-7724

Region II - MariDon Sorum

1-888-470-6968

Region III - Donna Olson

1-888-607-8610

Region IV - Patricia Soli

1-888-256-6742

Region V - Sandy Arends

1-888-342-4900

Region VI - Russ Sunderland

1-800-260-1310

Region VII - Cherry Schmidt

1-888-328-2662

Region VIII - Mark Jesser

1-888-227-7525

Vulnerable Adult Protective Services

Region I & II – Niels Anderson, Vulnerable Adult Protective Services, Long Term Care Ombudsman - 1-888-470-6968

Region III – Ava Boknecht, Vulnerable Adult Protective Services Coordinator, Kim Helten or Donna Olson, Lake Region Aging Services Unit, 1-888-607-8610 or 701-665-2200

Region IV – Vulnerable Adult Protective Services – Grand Forks County Social Services 701-787-8540 or NEHSC 701-795-3000 or 888-256-6742

Region V - Vulnerable Adult Protective Services, Sandy Arends - 1-888-342-4900. Direct referral may be made to Cass County Adult Protective Services unit - 701-241-5747.

Region VI - Russ Sunderland, Vulnerable Adult Protective Services - 701-253-6344

Region VII - Cherry Schmidt, Vulnerable Adult Protective Services - 1-888-328-2662

Region VIII - Mark Jesser, Vulnerable Adult Protective Services & Long Term Care Ombudsman - 1-888-227-7525

ND Family Caregiver Coordinators

Region I - Karen Quick - 800-231-7724

Region II – MariDon Sorum - 888-470-6968

Region III - Kim Locker-Helten - 888-607-8610

Region IV - Raeann Johnson - 888-256-6742

Region V - Lesli Ossenfort - 888-342-4900

Region VI-CarrieThompson-Widmer -800-260-1310

Region VII - Judy Tschider - 888-328-2662

Region VIII - Michelle Sletvold- 888-227-7525

North Dakota State Ombudsman: Helen Funk, Aging Services Division, **701-328-4617**

LongTerm Care Ombudsman Program for Regions III and IV: Contact Kim Locker Helten or Donna Olson, Lake Region Human Service Center, at **1-888-607-8610 or 701-665-2200**

AARP: **1-888-OUR-AARP (1-888-687-2277)**

AARP Pharmacy: **1-800-456-2277**

ND Mental Health Association (Local) **701-255-3692/** Help-Line: **1-800-472-2911**

IPAT (Interagency Program for Assistive Technology): **1-800-265-4728**

Legal Services of North Dakota:
1-800-634-5263 or
1-866-621-9886 (for persons aged 60+)

Attorney General's Office of Consumer Protection: **(701) 328-3404** or **1-800-472-2600**

Social Security Administration: **1-800-772-1213**

Medicare: **1-800-247-2267/1-800-MEDICARE**

Toll-Free 800 Information: (Directory Assistance for 800 number listings): **1-800-555-1212**

Senior Health Insurance Counseling (SHIC) ND Insurance Department : **(701) 328-2440**

Prescription Connection: **1-888-575-6611**

Osteoporosis: Coping With Chronic Pain

Osteoporosis often causes very painful fractures which can take many months to heal. In many cases, the pain tends to diminish as the fracture heals; however, vertebral fractures are an exception to this. When a vertebrae breaks, some people have no pain, while others have intense pain and muscle spasms that last long after the fracture has healed. Most new fractures heal in approximately three months. Pain that continues more than three months is generally considered to be chronic pain.

Pain is the body's way of responding to damaged tissue. When a bone breaks, nerves send pain messages through the spinal cord to the brain where they are interpreted. How a person responds to pain is determined by many factors, including her or his emotional outlook. For example, depression seems to increase a person's perception of pain and decreases her or his ability to cope with it. Often, treating the depression treats the pain as well.

Chronic pain is pain that lasts beyond the expected time for healing and interferes with normal life. The damaged tissues have healed, but the pain continues. The pain message may be triggered by muscle tension, stiffness, weakness, or spasms. Whatever the cause of chronic pain, feelings of frustration, anger, and fear can make the pain more intense. Chronic pain can often diminish the quality of a person's life psychologically, socially, and physically.

The following information provides those suffering from chronic pain with an overview of different options for pain management. If you have chronic pain and need help managing it, you may wish to discuss these options with your doctor.

Coping Strategies: Physical Methods of Pain Management

Heat and ice: Heat, in the form of warm showers or hot packs, can relieve chronic pain or stiff muscles. Cold packs or ice packs provide pain relief by numbing the pain-sensing nerves in the affected area. Cold also helps reduce swelling and inflammation. Depending on which feels better, apply heat or cold for 15 to 20 minutes at a time to the area where you feel the pain. To protect your skin, place a towel between your skin and the source of the cold or heat.

- Warm towels or hot packs in the microwave for a quick source of heat
- Frozen juice cans or bags of frozen vegetables make instant cold packs
- Freezing a plastic, resealable bag filled with water makes a good ice bag

Transcutaneous Electrical Nerve Stimulation (TENS): A TENS machine is a small machine that sends electrical impulses to certain parts of the body to block pain signals. Two electrodes are placed on the body where the person is experiencing the pain. The electrical current that is produced is very mild, but it can prevent pain messages from being transmitted to the brain. Pain relief can last for several hours. Some people may use a small, portable TENS unit that hooks onto a belt for more continuous relief. TENS machines should be used under the supervision of a physician or physical therapist. They can be purchased or rented from hospital

supply or surgical supply houses; however, a prescription is necessary for insurance reimbursement.

Braces and Supports: Spinal supports or braces reduce pain and inflammation by restricting movement. Following a vertebral fracture, a back brace or support will relieve pain and allow you to resume normal activities while the fracture heals. However, continuous use of a back support can weaken back muscles. For this reason, exercises to strengthen the muscles in the back should be started as soon as possible.

Exercise and physical therapy: Prolonged inactivity increases weakness and causes loss of muscle mass and strength. Physical therapy and a regular exercise program can help a person regain strength, energy, and a more positive outlook on life. Because exercise raises the body's level of endorphins (natural pain killers produced by the brain), pain will diminish. Exercise also relieves tension, increases flexibility, strengthens muscles, and reduces fatigue. A physical therapist can help the person reorganize their home or work environment so that injuries can be avoided. Physical therapists also teach proper positioning posture and exercises to strengthen the back and abdominal muscles without injuring a weakened spine. Pool therapy is one of the best exercise techniques for gently improve back muscle strength and reduce pain.

Acupuncture and Acupressure: Acupuncture is the use of special needles which are inserted into the body at certain points. These needles stimulate nerve endings and cause the brain to release endorphins. It may take several acupuncture sessions before the pain is relieved. These techniques have been used in China especially to treat many types of pain and as an anesthetic.

Acupressure is direct pressure over trigger areas of pain. This technique can be self-administered after training with an instructor.

Massage therapy: Massage therapy can be a light, slow, circular motion with the fingertips or a deep, kneading motion that moves from the center of the body outward toward the fingers or toes. Massage relieves pain, relaxes stiff muscles, and smoothes out muscle knots by increasing the blood supply to the affected area and warming it. The person doing the massage uses oil or powder so that her/his hands slide smoothly over the skin. Massage can also include gentle pressure over the affected areas or hard pressure over trigger points in muscle knots. **However, deep muscle massage should not be done near the spine of a person who has spinal osteoporosis. Light, circular massage with fingers of the palm of the hand is best in this case.**

Psychological Methods of Pain Management

Relaxation Training: Relaxation involves concentration and slow, deep breathing to release tension from muscles and relieve pain. Learning to relax takes practice, but relaxation training can focus attention away from pain and release tension from all muscles. Relaxation tapes are widely available to help you learn these skills.

Biofeedback: Biofeedback is taught by a professional who uses special machines to help a person learn to control bodily functions such as heart rate and muscle tension. As the person learns to release muscle tension, the machine immediately indicates success. Biofeedback

can be used to reinforce relaxation training. Once the technique is mastered, it can be practiced without the use of the machine.

Visual Imagery or Distraction: Imagery involves concentrating on mental pictures of pleasant scenes or events or mentally repeating positive words or phrases to reduce pain. Tapes are also available to help you learn visual imagery skills.

Distraction techniques focus the person's attention away from negative painful images to positive mental thoughts. This may include watching television or a favorite movie, reading a book or listening to a book on tape, listening to music, or talking to a friend.

Hypnosis: Hypnosis can be used in two ways to reduce a person's perception of pain. Some people are hypnotized by a therapist and given a post-hypnotic suggestion that reduces the pain they feel. Others are taught self-hypnosis and can hypnotize themselves when pain interrupts their ability to function. Self-hypnosis is a form of relaxation training.

Individual, Group, or Family Therapy: This form of therapy may be useful for those whose pain has not responded to physical methods. Individuals often experience emotional stress as well as depression from constantly dealing with pain. Therapy can help one cope with these feelings, making it easier to deal with the pain.

Medication

Medications are the most popular way of dealing with pain. Medications commonly used include aspirin, acetaminophen, or ibuprofen. Although these are probably the safest pain relievers available, they are associated with gastric irritation and bleeding.

Narcotic drugs may be prescribed for short-term acute pain. These drugs should not be used for prolonged periods because they are addictive and can affect cognitive ability. They also have other side effects such as constipation.

Many of those with persistent pain that has not responded to other forms of pain relief are treated with antidepressant medication. It has been suggested that these drugs act in a different way when used for treatment of unyielding pain. It is thought that the body's internal pain suppression system is, to a considerable extent, dependent upon the concentrations of various chemicals in the brain which are increased by the use of antidepressant.

The above mentioned methods of pain management are utilized in various hospitals and clinics across the country. Those persons with disabling pain who have not responded to treatment should consult their physician for a referral to a physical therapist or a clinic specializing in pain management.

This publication was produced by:

**NIH Osteoporosis and Related Bone Diseases – National Resource Center
1232 22nd Street NW
Washington DC 20037-1292
1-800-624-BONE**

Medicare Prescription Drug Coverage

Important Dates for People with Medicare during 2005 and 2006

Continuing
January 1, 2006

MAY 2005	JUNE 2005	JULY 2005	AUGUST 2005
<ul style="list-style-type: none">• Social Security Administration (SSA) begins mailing out and accepting applications for Medicare Part D for people who need extra help (low income subsidy) and begins holding local events in communities across the country.• Medicare will mail letters to people who are automatically eligible for extra help with drug plan costs.	<ul style="list-style-type: none">• Local community events continue through December.• SSA begins processing applications for extra help. Help is available at 1-800-772-1213 or www.socialsecurity.gov.	<ul style="list-style-type: none">• "Your Guide to Medicare Prescription Drug Plans" is available by calling 1-800-MEDICARE or by visiting www.medicare.gov• SSA begins sending letters informing those who applied for extra help whether they qualify.	<ul style="list-style-type: none">• SSA continues sending letters informing those who applied for extra help whether they qualify.
SEPTEMBER 2005	OCTOBER 2005	NOVEMBER 2005	DECEMBER 2005
<ul style="list-style-type: none">• Medigap (supplemental) Insurance companies send notices to policyholders with drug coverage informing them of their options.• Employers/unions who provide prescription drug coverage to their retirees will directly notify them about their new prescription drug coverage choices.	<ul style="list-style-type: none">• Comparative information about Medicare prescription drug plans will be available at www.medicare.gov, 1-800-MEDICARE, or through state health insurance assistance programs and other local organizations.• Medicare & You 2006 Handbook containing all the necessary information is mailed to all Medicare households.• Medicare Advantage plans notify plan enrollees about enhanced drug plan coverage options via "Notification of Change."• People with Medicare and Medicaid will get information about how they will be automatically enrolled in a plan if they do not choose one on their own.	<ul style="list-style-type: none">• Enrollment for Medicare prescription drug plans begins November 15. People must call the company offering the plan to enroll or enroll through 1-800-MEDICARE.	<ul style="list-style-type: none">• People should enroll in a Medicare prescription drug plan now to pay lower premiums and to receive prescription drug coverage when it begins January 1, 2006
<div>Enrollment Begins November 15, 2005</div>			
JANUARY 2006	FEBRUARY 2006	MARCH 2006	APRIL-MAY 2006
<ul style="list-style-type: none">• Medicare prescription drug coverage begins January 1 for those who enrolled in a plan by December 31, 2005.• Medicare begins to provide prescription drug coverage for those who have Medicare and full Medicaid coverage.	<div>Enrollment continues. Medicare prescription drug coverage begins in the following month.</div>		
<ul style="list-style-type: none">• Medicare will send a reminder to those who have not enrolled in a Medicare prescription drug plan.• May 15 is the last day to enroll in a Medicare prescription drug plan and pay lower premiums.• Facilitated enrollment of those who qualify for extra help and have not yet chosen a plan; coverage effective June 1.			

*Online qualifier tools available at www.medicare.gov and www.socialsecurity.gov allow people to determine whether they may be eligible to receive extra help before they apply. Online applications for extra help is available July 1 on the Social Security Web site. People can call 1-800-Medicare (1-800-633-4227) to find out about local State Health Insurance Assistance Programs.

KEY MEDICARE DATES FOR 2005

May

Watch the mail for information from Social Security about applying for extra help with drug plan costs.

June

Watch the mail for a letter from Medicare. Letters will be sent to anyone who will be automatically enrolled in the Medicare Drug Benefit Program.

July

Low income persons begin applying for extra help with Medicare Drug Plan costs. This is the first of two steps. The second step occurs in November when they will enroll Medicare Drug Plan.

October

Watch the mail for “Medicare & You” Handbook. People who have retiree health benefits should watch the mail for information from their former employer or union. Starting October 13, you can compare the benefits from Medicare Prescription Drug Plans.

Visit www.medicare.gov or
Call 1-800-MEDICARE

November

Starting November 15, Medicare beneficiaries, including those who have been approved for extra help, can start enrolling in the Medicare Drug Plan.

Senior Health Insurance Counseling – North Dakota Insurance
Department – 1-888-575-6611

REGION III COUNCIL ON AGING

Devils Lake Senior Citizens Center

April 27, 2005

The Region III Council on Aging met April 27, 2005, at the Devils Lake Senior Center. Coffee and refreshments were served by the Devils Lake seniors. President Leonard Klein opened the meeting and welcomed the 52 registered guests. A thank you was extended to the Devils Lake Center for hosting the meeting. Bill Keith, Director of Senior Meals and Services, also welcomed all in attendance. The pledge to the flag was repeated by all. We were entertained with several selections by the Silver Sensations.

OLD BUSINESS

The minutes of the last meeting were read and approved. The treasurer reported a balance of \$871.61 which was accepted.

COUNTY REPORTS

- Benson** They have a meeting every other month with a program that draws a good attendance.
Maddock: They meet twice a month.
Esmond: They had a catered dinner in May and report a very active club.
Leeds: They have 14 active members and they just refinished their meeting center.
- Cavalier** The addition of entertainment to meetings has improved attendance.
- Rolette** They have a meeting every month and an ongoing rummage sale. They are sponsoring a blood drive May 6 and have a trip planned for Washburn and Medora.
- Eddy** As an annual fundraiser, New Rockford has an all city rummage sale planned with salad bar, sandwich, and dessert for \$5.00.
- Ramsey** The Devils Lake Senior Center is holding a stroke screening for all ages May 4th and 5th from 9:00 a.m. to 3:00 p.m., sponsored by the American Stroke Association, American Heart Association, and the Lake Region District Health Unit. Senior Meals and Services, Inc., is holding a Senior Expo on May 11, 2005. Bill Lardy of the Insurance Commissioner's Office is presenting Medicare Part D. There will be many booths with information about programs. On May 17th the Sons of Norway Chorus will entertain. On May 24th, the Annual Pie Social will be held, one of many fundraising events.
Churchs Ferry: They have 28 active members and hold a meeting every month.
Starkweather: The health maintenance/foot clinic is held every other month. The club has monthly meetings and a social as well as a potluck dinner every month honoring birthdays.

Hampden: They continue to have meals three times a week. The attendance at meals is down at present.

Towner **Cando:** Has monthly meetings and socials. The bus service is very good.
Bisbee: Attendance has increased at meetings. They have an ongoing rummage sale. They have parties for members honoring birthdays and wedding anniversaries.

TITLE III PROJECT LEADERS

Norma Jean Neumiller, Benson County Transportation

Norma Jean reported transportation is doing well. She reported that the Benson County Outreach Worker is trained to explain Medicare Part D.

Beatrice Delvo, Cavalier County Senior Meals and Services

Langdon will honor mothers on May 6. On May 24th they will be celebrating Older Americans. They are writing grants to meet their budget and continue to recycle cards which is going very well as a fundraiser.

Donna Olson, Regional Aging Services Program Administrator

Announced the Northern Plains Conference on Aging and Disabilities will be held at the Holiday Inn in Fargo the 13th, 14th, and 15th of September. She spoke about the speakers coming in as well as topics/speakers at the Break Out Sessions. She encouraged attendance at the conference. May is Older Americans Month and the theme for this year is "Celebrate Long Term Living." She talked about the results of the legislative bills pertaining to seniors. Aging services program budget remains the same. She gave a few facts about Medicare Part D, stating more information will be available throughout the year. She also said that Bill Lardy of the Insurance Commissioner's Office will be at our next Region III Council on Aging meeting and will give a presentation on Medicare Part D.

Trudy Ertmann, Retired Senior Volunteer Program

She expressed the importance of volunteers and announced that they are working to expand the program into additional counties in Region III.

Our speaker was Betty Keegan, AARP State President. Her topic was on Social Security.

Our next meeting will be at the Leeds Community Center on August 3, 2005.

Respectfully submitted,
Doris Myklebust



REGION III COUNCIL ON AGING

Leeds Community Center

August 3, 2005

AGENDA

10:00 – 10:30 Registration, Coffee and Refreshments
10:30 Welcome – Leonard Klein, President
 Welcome – Dennis Paulson, Mayor of Leeds
 Call To Order/Pledge to the Flag

OLD BUSINESS

- a. Reading of the minutes of the last meeting
- b. Treasurer's report, Doris Myklebust, Secretary/Treasurer
- c. Reports/Communications/Announcements
 - 1. County Councils/Senior Clubs
 - 2. Title III Project Directors
 - 3. Regional Aging Services Program Administrator
 - 4. Other

NEW BUSINESS

- a. Appointment of a Nominating Committee for Region III Council on Aging Officers
- b. Other
- c. Next Meeting/Date/Location

11:45 – 12:45 Lunch (Catered by the local café, Farm-Home Café)
 There is no meal site in Leeds. The charge for the lunch will be \$5.50.

Menu for the Day

Turkey/Cheese Club Croissant
Macaroni Salad
Potato Salad
Pickles
Brownie
Ice Cream

1:00 p.m. Accordion Music Selections (Catherine Johnson, Cando)

1:30 p.m. Program: Medicare Part D
 Presenter: Bill Lardy, North Dakota Insurance Commissioners
 Department (There will be time for discussion/questions/answers)

3:00 p.m. Coffee and Refreshments
 Have a Safe Trip Home

Please call Dovie Follman at 701-466-2753 or Sally Lunde at 701-466-2430 by Monday, August 1, 2005, if you would like to eat your noon meal at the Center.